

## Office of Investigation and Compliance (OIC) Operational Procedures

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### PURPOSE:

The purpose of this policy is to establish the protocols and standards that govern the design and implementation of an incident management system to enforce and ensure the protection of individuals with mental retardation and developmental disabilities from harm and enhance the quality of services provided to them by the Mental Retardation and Developmental Disabilities Administration (MRDDA).

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### AUTHORITY:

The authority and functions of DHS as set forth in sections III (U) and III (V) of Reorganization Plan No. 3 of 1986, effective January 3, 1987; D.C. Law 2-137 "Mentally Retarded Citizens Constitutional Rights and Dignity Act."

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### DEFINITIONS:

The following terms have the meanings indicated:

- A. **Individual**: A person with developmental disabilities who receives services from MRDDA.
- B. **At risk Individual**: An Evans class individuals classified medically fragile.
- C. **Investigation**: An inquiry into facts and circumstances of an incident to determine whether it is more likely or not that the incident occurred. The level or depth of the inquiry shall be dependent on the type of incident and the detail of information needed to reach the conclusion that the incident did or did not occur.
- D. **Immediate Jeopardy**: crisis situation in which the health and safety of individual(s) are at risk...a situation in which a provider's noncompliance with one or more laws, regulations or requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to an individual. Serious harm, injury, impairment or death does **not** have to occur before considering immediate jeopardy.
- E. **Provider/Vendor Agency**: A private entity that provides services or supports to individuals of MRDDA.

**F. Individual On Individual Incident:** An event that involves two persons receiving services from MRDDA involved in an altercation. Incidents are classified in one of the following two categories, which reflect a 3-level approach to reporting and investigating such incidents:

Level 1 - Incidents involving death, allegation of abuse, neglect, theft and serious physical injury.

Level 2 – Incidents involving serious medication error, improper use of restraints, emergency inpatient hospitalization, suicide attempt or threat, missing person, incident requiring services of law enforcement or emergency personnel, aspiration, property damage, medication error, hospitalization, physical injury, vehicle accident, ingestion of harmful substance, overuse of chemical restraints, burns and other.

Level 3 – All other incidents and issues not included in Levels 1 and 2.

1. **Reportable Incident:** A significant event or situation involving an individual that shall be reported to designated authorities within a provider agency for review and internal investigation. (i.e. Physical Injury; Reportable Injury; Medication Errors; Hospitalization; Suicide Threats Addressed in a Behavior Support Plan; Missing Persons; Theft By an Individual of An Individual's Personal Property or Funds; Property Damage; and Vehicular Accidents)
2. **Serious Reportable Incident:** A reportable incident which, due to its significance or severity, requires immediate notification to, and investigation by, external authorities, in addition to internal review and investigation by the provider agency. (i.e. Death; Allegation of Abuse (physical/sexual/verbal/psychological abuse; self-abuse; individual on individual; mistreatment; or exploitation); Neglect; Serious Physical Injury; Serious Medication Error; Improper Use of Restraints; Theft of Personal Property or Funds of an Individual; Emergency Inpatient Hospitalization; Suicide Attempt or Threat; and Incident Requiring Services of Law Enforcement or Emergency Personnel

**G. Death:** A loss of life.

**H. Abuse:** The wrongful treatment of an individual which endangers his or her physical or emotional well-being, through the action or inaction of anyone, including, but not limited to, another individual, an employee, intern, volunteer, consultant, contractor, visitor, family member, guardian or stranger, whether or not the affected individual is, or appears to be, injured or harmed. The failure to exercise ones duty to intercede on behalf of an individual also constitutes abuse. (i.e. physical abuse; sexual abuse; psychological/verbal abuse; mistreatment; exploitation; and self-abuse.

The types of abuse are defined as:

1. **Physical Abuse:** Physical contact with, or handling of, an individual with more force than is reasonably necessary for the safety of the individual. This may include, but is not limited to intentionally or willfully grabbing, shaking, dragging, shoving, yanking, slapping, hitting, kicking, choking, pinching, biting, strangling, punching, or otherwise wrongfully handling an individual. Suspicious or unexplained bruising or other minor injuries in areas of the body that suggest possible abuse or injury by others.
2. **Sexual Abuse:**
  - a. Any sexual activity or attempted sexual activity between an individual and a provider's employee, consultant, volunteer, intern, contractor or family member regardless of the individual's consent.
  - b. Any sexual activity or attempted sexual activity between an individual and another person, including another individual, where the individual does not or cannot give consent.
  - c. Sexual activity includes:
    - i. Touching or fondling the genitals or other intimate parts of a individual, or causing an individual to touch himself or herself or anyone else, whether directly or through clothing, for the purpose of arousing or gratifying the sexual desire of any party;
    - ii. Taking sexually explicit photographs;
    - iii. Causing an individual to perform sexually explicit acts;
    - iv. Showing an individual pornographic materials for the purpose of arousing or gratifying the sexual desire of either party; and
    - v. Encouraging an individual to use sexually explicit language, which he or she may not fully understand.
3. **Psychological/Verbal Abuse:**
  - a. The use of verbal or nonverbal expression or other action in the presence of an individual that subjects the individual to ridicule, humiliation, contempt, scorn, harassment, threats of punishment, dehumanization, or wrongful manipulation, or is otherwise denigrating or socially stigmatizing. Actions may include, but are not limited to:

- i. Name calling (including use of pejorative or derogatory terms used to describe persons with disabilities;
- ii. Cursing at an individual;
- iii. Intimidating, condescending, or threatening gestures or behaviors toward an individual;
- iv. Verbal or nonverbal expressions that are designed to invoke fear in an individual;
- v. The use of a loud, stern, or demeaning tone of voice in the presence of, or toward an individual.

4. **Mistreatment:**

- a. Mistreatment is the use of practices which:
  - i. Are contraindicated by an individual's plan of services;
  - ii. Are used for punishment or for the convenience of staff, as a substitute for treatment or care in conflict with a physician's order, or in quantities, which inhibit effective care, or treatment;
  - iii. Do not follow accepted treatment practices and standards of care in the field of developmental disabilities, such as the use of aversive procedures (painful or noxious stimuli); or
  - iv. Violate a policy, law, or regulation of the District of Columbia or federal government.

5. **Exploitation:** The illegal or improper act or process of an employee, contractor, consultant, volunteer, or intern, using the resources of an individual for their own monetary or personal benefit or gain. This may include, but is not limited to:

- a. Coercion or manipulation of an individual to spend his or her own personal funds for something the individual may not have use for; and
- b. The soliciting of gifts, funds, labor, or favors.

6. **Self Abuse:** Self inflicted injury or act towards self, for which there is no staff intervention.

I. **Neglect:** The failure to provide sufficient, consistent, or appropriate services, treatment, or care that harms or jeopardizes the individual's health, safety, or welfare, such as: (i.e. head banging, hand biting, etc)

- 1. The failure to report or act on health problems of the individual or changes in his or her health condition;

2. Lack of attention to the physical needs of an individual, including personal care, hygiene, meals or appropriate nutrition, shelter, and safety;
3. Failure to carry out a plan of treatment or care prescribed by a physician or health care professional;
4. Failure to provide services or supports as indicated by the individual's plan of care; or
5. Failure to provide proper supervision to the individual as required within a plan or by a court.

**J. Serious Physical Injury:** Any severe harm to an individual that results in a medical emergency that requires immediate assessment and intervention by a physician, physician's assistant, dentist, nurse practitioner, or other licensed medical practitioner, such as: (i.e. Fracture/dislocation; Injury requiring sutures; Injury to an eye; Ingestion of a toxic substance; Severe injury by a sharp or dangerous object; Injury accompanied by a loss of consciousness; Electric shock; Loss or tearing of a body part; Third degree burn; Concussion; and Any other severe injury).

**Physical Injury:** Any harm to an individual that requires treatment or medical care greater than routine first aid, but does not result in a medical emergency, such as: (i.e. Ingestion of a nonfood substance that may threaten the individual's health, unless it is addressed in the individual's behavior support plan; First or second-degree burn; Sprain; Allergic reaction; Bruise; Human or animal bite; Sunburn; Abrasion; Loss of fingernail/toenail due to trauma; Loss of teeth due to trauma; and Puncture wound).

Note: (A) Any injury, such as those listed above, that results in a medical emergency or the assistance of emergency personnel would be reported as a Serious Reportable Incident (e.g. as an Emergency Inpatient Hospitalization, or Incident Requiring Services of Emergency Personnel).

**Reportable Injury** that is of an unknown origin are investigated by the provider. The provider will submit an investigation report with IMIU oversight.

- K. Improper /Unauthorized Use of Restraints:** Improper or unauthorized use of restricted control procedures, as defined in the Behavior Support policies of MRDDA. This includes the emergency or unauthorized use of physical, mechanical, or chemical restraint, procedures which restrict access to personal property, which require a person to do something he or she does not want to do, or removes something the person owns or has earned.
- L. Serious Medication Error:** Any medication error that requires or could require observation or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center.

Any medication error that causes or could cause an individual to experience markedly adverse side effects that may require nursing attention, but not requiring professional medical attention, such as a missed dosage of thyroid or seizure medication.

The administration of medication to the wrong individual.

**Other Medication Error:**

Examples of medication errors are:

1. Incorrect Administration

- a. The administration of medication in an incorrect form or dosage;
- b. An incorrect method of administration, or one which has not been prescribed or ordered;
- c. The failure to administer a prescribed medication for one or more dosage periods;
- d. Medication administered by unauthorized and/or improperly trained staff; and
- e. Medication administered at the wrong time (early or late).

2. Documentation Error

Error in recording the administration of medication or failure to follow agency procedures for medication administration.

3. Physician or Pharmacy Error

**M. Emergency Inpatient Hospitalization:** Any illness or medical condition that results in emergency inpatient hospitalization of an individual for unplanned medical procedures, including but not limited to: surgery, medical observation, or testing.

**Hospitalization:** Unplanned hospitalization or emergency room visit for treatment of a chronic physical or mental illness or condition (i.e. an illness or medical condition that result in an emergency room visit, but does not require inpatient hospitalization).

Note: If an individual is taken to a hospital emergency room by emergency personnel, the incident should be reported as a Serious Reportable Incident (Incident Requiring the Services of Emergency Personnel).

**N. Suicide Attempt or Threat:**

1. A suicide attempt is an individual's attempt to kill himself or herself.
2. A suicide threat is an individual verbal, nonverbal, or written threat to kill himself or herself, unless such threats are addressed in the individual's behavior support plan.

**Suicide Threat Addressed in a Behavior Support Plan:** suicide threats addressed in the individual's behavior support plan.

**O. Missing Person:**

1. The unexpected or unauthorized absence of any duration for an individual whose absence constitutes an immediate danger to that individual or others.
2. For a person with the capacity to be without supervision for an amount of time as documented in the person's Individual Service Plan (ISP), the unexpected or unauthorized absence of the individual for an amount of time that exceeds the time specified in the ISP.

- P. Theft of An Individual's Personal Property or Funds:** Any intentional or unintentional theft, taking, or destruction of an individual's property or funds, whether it is suspected or confirmed by anyone other than the individual, without permission or legal authority.

**Theft By an Individual of An Individual's Personal Property or Funds,** if that behavior is addressed in the offending individual's behavior support plan.

Theft, taking, or destruction of personal property may include, but is not limited to:

1. Loss of funds;
2. Unauthorized withdrawal or use of funds;
3. Use of an individual's funds for activities not related to the individual;
4. Borrowing of an individual's funds or property without permission; and
5. Destruction or taking of personal property.

Note: The inclusion of property theft or destruction in a behavior support plan does not preclude the requirement for restitution for any stolen or destroyed property of an individual.

- Q. Incident Requiring the Services of a Law Enforcement Agency or Emergency Personnel:** Any assistance or intervention given by paramedics, law enforcement, or firefighting personnel. If no assistance or services were rendered, the incident falls under other.

- R. Vehicular Accident:** Any vehicular accident involving an individual, without injury. Any injuries to individuals that require medical attention should be reported as a serious physical

injury.

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## **ROLES AND RESPONSIBILITIES:**

Chief of OIC – Responsible for budgeting, planning, developing, and administering a variety of investigative and compliance standards to review activities pertaining to alleged or suspected violations of MRDDA policies.

Supervisory Investigator Officer- Responsible for the day-to-day performance of investigative and clerical personnel assigned to the unit, and ensures that the duties and responsibilities of the unit are carried out as directed.

Senior Program Analyst – Responsible for overseeing, supervising, and coordinating the assessment, monitoring, review, and evaluation of the Department's compliance with applicable Federal/State statutes, legal mandates, and departmental policies and procedures, performance and service delivery.

Supervisory Compliance Officer – Responsible for the day-to-day performance of compliance and clerical personnel assigned to the unit, and ensure that the duties and responsibilities of the unit are carried out as directed.

Compliance Specialist – Responsible for the development and direction of mental retardation and development disabilities programs and for over seeing and administering a network of comprehensive, community based services for the mentally retarded and other developmentally disabled District residents.

Investigator/Nurse Investigator – Responsible for conducting investigations into alleged violations perpetrated on individual entrusted in the care of MRDDA.

Training Coordinator – Responsible for ensuring that individuals entrusted in the care of MRDDA are kept free from harm through training of MRDDA and provider staff on the incident management systems and investigative protocols and practices. Reviews investigative reports before submission to the Chief of OIC.

Administrative Staff – To provide administrative support to the OIC.

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## **PROCEDURES:**



## **I. Office of Investigation and Compliance (OIC)**

In order to ensure the design and implementation of an incident management system, below are procedures that OIC has adopted:

1. The Compliance Specialist reviews all incidents and determines the appropriate investigative response to each incident in accordance with OIC protocols.
2. The Compliance Specialist maintains a current database of all incidents.
3. The Compliance Specialist and/or Investigator assess the sufficiency of all investigations conducted by provider agencies.
4. The Compliance Specialist and/or Investigator provide technical assistance and consultation to provider agency investigators and Incident Management Coordinators to help them successfully complete their investigations as needed.
5. The Compliance Specialist assesses the provider agency response to incidents.
6. The Investigator conducts field investigations of MRDDA individual deaths, allegations of abuse, allegations of neglect, thefts, and serious physical injuries.
7. The Compliance Specialist triages all other serious reportable incidents and either complete an investigation or forward the incident report to appropriate internal and external agencies for follow up.
8. The Investigator coordinates the investigative efforts, where possible, with investigators from provider agencies and with District of Columbia, Federal, or other governmental investigative authorities to avoid unnecessary duplication of effort.
9. The Investigator makes general or specific recommendations to the MRDDA Administrator and other DHS officials for improving the quality of incident management.
10. The Chief of OIC develops and maintains the MRDDA Incident Management System, in conjunction with the MRDDA Quality Assurance Office.
11. The Supervisory Compliance Officer develops the procedures for tracking the timely submission of incident reports from providers.
12. The Training Coordinator facilitates the scheduling of competency-based investigation training courses to ensure that provider agencies have sufficient personnel to conduct investigations.
13. The Compliance Specialist will follow-up on all OIC investigative reports' recommendations in a timely fashion to ensure that the recommendations have been implemented by the provider agencies.
14. The Enforcement Unit ensures that all cases for sanctions and/or

enforcement remedies are prepared and submitted to the appropriated government agencies.

**OIC Investigation shall be conducted as follows:**

1. The Investigator shall review and assess Serious Incident Reports and initiate an investigation within three (3) business days
2. The Investigator shall begin field investigations specific to a) Death; b) Abuse Allegations; c) Neglect Allegations; d) Serious Physical Injuries; and e) Theft of Funds/Property within one (1) day business day.
3. The Investigator shall conduct review and follow-up procedures for all other types of serious reportable incidents within five (5) business days upon receipt/acceptance of the provider investigation report the OIC investigator shall in conjunction with the provider agency reconcile all investigations of the incident. Also, the investigator and/or compliance specialist shall request an administrative closing for these types of incidents.
4. The Investigator shall determine substantiated, un-substantiated or inconclusive findings based upon incident related information received.
5. The investigator shall submit reports within thirty-(30) business days upon receipt of then incident report.
6. The reviewer shall review the report within ten (10) days to forward back to investigator for further action or to Chief of OIC for dissemination.

**OIC Investigation**

The OIC Investigator shall conduct and complete an investigative report including the following:

Introduction section that describes when the incident report was received, persons involved and when an investigation was initiated.

Allegation section provides a brief overview of the incident.

Individual profile section describes a brief history of the individual(s) alleged to be involved in the incident.

Persons interviewed section, names all persons contacted relevant to the

alleged incident including contact information (title, address, and phone number) and mode of contact (i.e. Face to Face, Telephone Contact, and/or a written Statement).

Demonstrative evidence section lists support documentation obtained relevant to the investigation.

Details of the investigation section explain the narrative of the sequence of events before, during, and after the incident in question.

Conclusion section details facts obtained during the investigation to determine substantiated, unsubstantiated or inconclusive findings. Also, all relevant issues or concerns, which may have hindered the investigation, as well as plans for corrective action submitted by the provider agency.

Recommendation section describes actions needed to be taken in a quantifiable and measurable manner. (timeline)

An attached copy of the incident report and provider's investigation report.

## **Compliance**

### **OIC Triage shall be conducted as follows:**

All OIC incidents documented in the MCIS shall be assessed and evaluated by the Incident Review Committee (IRC) for investigative acceptance and dissemination.

- a. Compliance Specialist should ensure that incident report forms are adequately completed and submitted to OIC within one (1) business day.
- b. Verbal notification: Compliance Specialist shall contact the designated staff person at the provider agency, or the reporter of the incident to ensure that notification has been provided to appropriate government entity (i.e. MPD, DOH/Health Regulations Administration, Medical Assistance Administration, DHS/Adult Protective Services, the Office of the Chief Medical Examiner, the Office of the Inspector General).
- c. Compliance Specialist shall ensure the incident report contains a detailed description of the incident.
- d. Compliance Specialist shall assess if the provider agency acted appropriately in its immediate response to the noted incident, to determine if an action and/or remedy is necessary (i.e. for serious reportable incidents, Level 1, the alleged staff involved should be

- immediately removed from individual contact.
- e. Compliance Specialist shall gather additional information and updated reports, as needed.
- f. Compliance Specialist shall request additional information from the provider agency, if necessary to assist in the OIC investigation process.
- g. Compliance Specialist shall accept Serious Reportable Incidents for approval.
- h. Compliance shall print incident report and tracking sheet.
- i. Incident report and tracking sheet would be given to Supervisory Compliance Officer for approval.
- j. Upon approval by Supervisory Compliance Officer, the incident report will be handed to the Supervisory Investigator Officer for assignment to investigator.

Note: Level 2 cases assigned to provider/case management/clinical services for investigation are tracked and administratively closed by Compliance Specialist.

- k. Compliance will disseminate incidents to appropriate entities within one (1) business day: Quality Trust and HRA (all incidents), MAA (Waiver and ICF/MR individuals), and Evans Monitor (all Evans).
- l. Compliance will fax all notifications of death to the Director of DHS, MRDDA Administrator, OCME, MPD/Special Victims Unit, DOH/HRA, Corporation Counsel, DHS General Counsel & Quality Trust. In addition, death notifications of Evans Class Members, the following entities should be notified: Evans Court Monitor, Dept of Justice, Special Masters, United Legal Services, Plaintiffs' Counsel (UDC) & Plaintiffs' Counsel.
- m. Compliance Specialist will log into MCIS the receipt of the completed investigative report and case management disposition.
- n. Upon closure of investigative report, Compliance Specialist will input each recommendation into MCIS.

All investigative reports are confidential and should be shared with authorized persons. OIC shall distribute copies of investigative reports within three (3) business days to the following:

- a. Provider agency's Executive Director or Chief Executive Office.
- b. District of Columbia Office of the Inspector General.
- c. Office of the Chief Medical Examiner/ Fatality Review Committee for deaths.
- d. DOH/Health Regulations and Medical Assistance Administrations as appropriate.

- e. The Chair of the MRDDA Human Rights Committee as appropriate.
- f. Metropolitan Police Department as appropriate.

Requests for copies of an investigation report by other persons must be made in writing to the Chief of the OIC. The Chief shall review the request with the MRDDA Administrator and obtain guidance from the DHS/Office of General Counsel for compliance with local, State, and Federal regulations and the General Code of the District of Columbia.

The recommendations from the investigative report that require follow-up shall be assigned to the Compliance Specialist within OIC.

Compliance should verify that all recommendations are initiated and/or implemented by the provider within five (5) business days after the receipt of the OIC investigation report.

Any recommendations that are not implemented by the providers after the Compliance Specialist conducts a second follow-up, the non-implemented recommendations will be referred to the Program Integrity, Quality Assurance Section for further follow-up and evaluation to determine if technical assistance is required, what types of follow-up monitoring needs to occur, by whom, and at what frequency or what types of sanctions/enforcement remedies should be recommended.

Review and prepare cases for submission to Department of Health (DOH) or to MRDDA Contracts Unit for appropriate penalties/sanctions.

## **Enforcement**

Compliance Coordinating Council (CCC) should send OIC any enforcement recommendations for resolution to be carried out by the appropriate agencies.

Prepare all cases for sanctions and/or enforcement remedies for submission to the MRDDA Administrator for approval and signature.

Follow-up on all sanctions and/or enforcement cases submitted to the appropriate government agencies.

Keep the appropriate entities within MRDDA abreast of all cases referred for sanctions and/or enforcement.

Maintain a database on all enforcement and/or sanction request.

## **Follow-Up By the MRDDA Quality Assurance Office**

The Chief of the MRDDA Quality Assurance Office shall conduct, on a monthly basis, a systematic review of data that is collected as a result of the investigative process. The purpose of this review shall be to evaluate and investigate trends of incidents that appear problematic. The results of the evaluation/investigation will be development and implementation of corrective action plans to address such trends and underlying problems.

## **II. MRDDA Partnership with Other Governmental Entities**

The review and investigation of all Serious Reportable Incidents defined by this procedure will require a coordination of efforts by each District government agency responsible for the safety, security and well being of individuals entrusted in the care of MRDDA.

- a. 211 Answers Please - Answers Please serves as the primary intake office for verbal reporting of Serious Reportable Incidents. Answers Please shall contact the OIC upon notification of all deaths and allegations of abuse and neglect.
- b. Metropolitan Police Department (MPD)/Special Victims Unit (SVU) – MPD/SVU shall serve as the primary investigative agency in the event of an individual's death or other Serious Reportable Incident where there is suspicion or evidence of criminal wrongdoing or misconduct. Once MPD/SVU is involved, OIC will serve as a resource for the investigation.
- c. Office of the Medical Examiner (OCME) - Any death of an individual entrusted in the care of DHS/MRDDA shall be immediately reviewed by the Chief Medical Examiner of the District of Columbia and the MPD Homicide Special Victims Unit. The Chief of OIC shall forward all reports to the MRDDA Fatality Review Committee.
- d. DHS/Adult Protective Services (DC APS) - This agency shall be the lead investigative authority for abuse allegations of adults entrusted in the care of MRDDA who live in their natural home.
- e. DOH/Health Regulation Administration (HRA) and Medical Assistance Administration (MAA) - The findings of all investigations of a Serious Reportable Incident shall be reviewed by the DOH/HRA and/or MAA. DOH/HRA shall also be responsible for the review/investigation of all possible violations of federal requirements and facility license violations.

- f. Office of the Inspector General (OIG) – All Level 1 investigations of a Serious Reportable Incident shall be reviewed by the DC Office of the Inspector General, followed by further investigation, as needed.

### **III. Provider's Incident Management Systems**

In order to ensure compliance with MRDDA's policy and procedures for all provider's/vendor agencies must have in place a provider's incident management system. Below are the procedures that these entities must follow as it pertains to the investigating and reporting incidents.

#### **A. INCIDENT REPORTING**

##### **1.) Verbal Reporting**

Any person (i.e. employee, subcontractor, consultant, volunteer, or intern of a provider agency or governmental agency) who witnesses, discovers or is informed of a Serious Reportable Incident, as defined by this procedure, must immediately verbally report the incident as follows:

Note: An individual who witnesses, discovers, or is informed of a Serious Reportable Incident shall verbally report the incident.

##### **a. Deaths**

In the case of an individual's death, provider shall immediately call: (In case of a death in the natural home, the case manager shall immediately notify the following.)

1. 911 (if the death occurred in the home or anywhere except a hospital setting).
2. The Metropolitan Police Department (Homicide Special Victims Unit) for all deaths (including those that occur in natural homes, provider agencies/facilities, nursing homes and hospital settings) at 727-9099. This notification shall be made even if 911 were originally contacted.
3. The Office of the Chief Medical Examiner at 202-698-9000.
4. The Department of Health/Health Regulations Administration (for ICF/MR and District licensed group home facilities and services) at 202 442-5833.
5. Answers Please at INFO 211 (202-463-6211).
6. The immediate supervisor or manager on duty.
7. The individual's residential provider (if the death occurred at a place other than the residential facility).
8. The individual's parent or guardian, unless otherwise documented.
9. The individual's case manager.
10. The individual's attorney and/or advocate.

## 2. All Other Serious Reportable Incidents

Upon the occurrence of a Serious Reportable Incident, other than a death, staff shall immediately call: (In case of all other Serious Reportable Incidents in the natural home, the case manager shall immediately notify the following.)

- a. Emergency personnel, as needed, via 911.
- b. The Metropolitan Police Department (MPD) (if the incident involved criminal misconduct) at 202-727-1010.
- c. The immediate supervisor or manager on duty.
- d. Answers Please at INFO 211 (202-463-6211)
- e. The Department of Health/Health Regulations Administration (for ICF/MR and District licensed group home facilities and services) at 202 442-5833.
- f. Adult Protective Services (for alleged abuse of individuals over 18 years).
- g. Child Protective Services (for alleged abuse of individuals under 18 years or of children by individuals).
- h. The individual's residential provider (if the serious reportable incident occurred at a place other than the residential facility).
- i. The individual's parent or guardian, unless otherwise documented.
- j. The individual's case manager.

## 3. Contents of Verbal Report

A verbal report shall include:

- a. The name of the individual(s) involved in the incident;
- b. The date and time of the incidents was reported, occurred or discovered;
- c. A description of the incident (including any injury); and
- d. A description of the immediate actions taken to protect the individual(s) involved from further harm.
- e. The name, title and call back phone number of the person making the verbal report.

## 4. Emergency Reporting Procedures (ANSWERS PLEASE/OIC)

Upon receipt of a verbal report of an individual death, allegation of abuse (physical, sexual, verbal, psychological, self abuse, mistreatment, exploitation) or neglect, DHS ANSWERS PLEASE shall immediately notify the MRDDA Office of Investigation and Compliance (OIC) Rapid Response Officer of the incident. The OIC Rapid Response Officer shall immediately contact the initial reporting party to provide any assistance necessary, to include ensuring that all required notifications are completed (i.e. Metropolitan Police Department, Office of the Chief Medical Examiner).



Additionally, for other serious reportable incidents, ANSWERS PLEASE may contact the OIC Rapid Response Officer, as needed, for assistance.

Note: During business hours (Mon-Fri from 8:15 A.M. to 4:45 P.M.), ANSWERS PLEASE should contact the case manager. During non-business hours (Mon-Thurs and Fri-Sun from 4:46 P.M. to 8:14 A.M.), weekends and holidays, ANSWERS PLEASE should contact the Rapid Response Officer.

#### 5. Reportable Incidents Not Required To Be Verbally Reported (Level 3)

Reportable incidents that are not defined as serious are not required to be verbally reported outside the provider agency. Providers should verbally notify the individual's MRDDA case manager of all incidents that occur with their individuals – whether reportable or serious reportable. Verbal reporting shall not be used as a substitute for written reports.

### B. Written Reporting

#### 1. Serious Reportable Incidents

MRDDA Incident Report Forms shall be completed on all Serious Reportable Incidents and forwarded to OIC by electronic transmission to the following within 24 hours and faxed to the following entities:

- a. The Office of the Inspector General.
- b. The Department of Health/Health Regulations Administration (DOH/HRA) (for ICF/MR and District licensed group home facilities and services).
- c. The Department of Health/Medical Assistance Administration (DOH/MAA)(for individuals receiving Medicaid funded services).

<u>Fax Numbers:</u>	MRDDA/OIC	202 730-1841
	DOH/Health Regulations Admin	202 442-9430
	DOH/Medical Assistance Admin	202 442-4799
	Office of the Inspector General	202 727-5937

#### 2. Reportable Incidents

Incident report forms must be completed for all reportable incidents on the DHS/MRDDA Incident Report Form. These incident reports (to include all internal investigative documents) are to be maintained at the provider agency and be used to prepare the monthly trending and tracking report. Incident Reports for reportable incidents shall be made available to all MRDDA Case Management Coordinators, MRDDA/OIC Investigators, the Evans Court Monitor and surveyors upon request.

### C. Initial Agency Fatality Review

Within 72 hours of the death of an individual, the residential provider (residential site, hospital, nursing home, and natural home) shall forward all of the individual's in-house records to the MRDDA Office of Investigation and Compliance (OIC) (programmatic and medical). Additionally, the residential provider shall forward by facsimile, electronic transmission or hard copy a completed Initial Agency Fatality Review Form to the MRDDA Office of Investigation and Compliance (OIC) within 24 hours.

## B. INVESTIGATIONS OF SERIOUS REPORTABLE INCIDENTS

### 1. Investigations by Provider Agencies

#### a. Conduct of Investigations

1. All Serious Reportable Incidents shall be initiated by the provider agency in which the incident occurred, beginning within 12 hours after the incident was witnessed, discovered or the provider was informed that the incident has occurred. Reportable incidents shall be investigated as required by internal agency policy, as determined by the provider agency's Incident Management Coordinator or in accordance with District and/or Federal regulatory requirements.
2. Provider agencies will be responsible for initiating internal investigations of all Serious Reportable Incidents, as defined by this procedure, unless they have been directed not to do so, officially, and in writing, from an authorized governmental entity, which may include:
  - i. MRDDA Office of Investigation and Compliance (OIC);
  - ii. D.C. Office of Corporation Counsel;
  - iii. Metropolitan Police Department;
  - iv. Federal Bureau of Investigation (FBI);
  - v. U.S. Attorney's Office; or
  - vi. D.C. Office of the Inspector General.
3. The MRDDA Office of Investigation and Compliance (OIC) will instruct the provider to not initiate an investigation and will investigate all Serious Reportable Incidents when:
  - i. The allegation of harm involves the Executive Director of the agency, or there are other circumstances of possible or apparent conflict of interest, or
  - ii. OIC has sufficient cause to believe that the provider agency's investigation capacity is inadequate to perform the task.

4. Investigations shall be conducted only by employees of provider agencies who have completed competency-based investigative training conducted or approved by MRDDA/OIC. Providers shall designate sufficient numbers of employees to receive training. Assignments shall be made from a list of trained investigators on a rotating basis, unless circumstances indicate that a particular employee should not be selected in order to maintain the integrity of the investigative process.
5. Upon assignment, the investigator shall be given full authority for the investigative process. Prior to the investigation, the investigator may find it necessary to direct other agency personnel to take immediate actions to preserve evidence that is crucial to the investigative process until he or she can be physically present at the site. The provider agency shall ensure that all employees will comply with directions given by the assigned investigator. Further, the investigator is to receive the full cooperation of the agency's program managers and employees in regard to:
  - i. Availability of staff and, to the extent possible, any other potential witnesses or knowledgeable persons;
  - ii. Program documentation;
  - iii. Access to locations; and
  - iv. Other needs the investigator determines to be important to the investigation.
6. Provider agencies are required to ensure that employees, consultants, subcontractors, interns, and volunteers are advised of their obligation to participate in any investigation that is being conducted by the provider agency, MRDDA/OIC, or any other authorized government agency. This process may include being interviewed, preparing a written statement for an authorized investigator (perhaps on more than one occasion), and providing access to records relevant to the investigation.
7. Each provider agency shall ensure that the investigative process reflects procedures for the following:
  - i. Identification, collection, and preservation of the evidence (testimonial, documentary, demonstrative, and physical evidence);
  - ii. Assessment of the evidence;
  - iii. Determination of findings, conclusions, and recommendations; and
  - iii. Quality assurance follow-up to ensure recommendations have been implemented.
8. Employees who are alleged to have committed any form of abuse or neglect will be immediately placed on leave or reassigned to a position that does not allow any contact with individuals, until the results of the OIC investigation are complete. Requests for exceptions to this requirement must be submitted to OIC in writing.

Note: Before an employee maybe reinstated, the provider must receive written approval from OIC.

9. All injuries alleged or suspected of being the result of any form of abuse shall require examination by a physician, nurse practitioner, physician assistant, or other licensed medical professional qualified to make a medical assessment of the injury.
10. Provider investigators are encouraged to consult as needed with their assigned MRDDA/OIC for technical support regarding any matter relating to an investigation.
11. Provider investigators shall collect the following types of evidence, and submit as attachments to investigation report:
  - i. Testimonial evidence, by interviewing, one person at a time and collecting written statements forms:
    - A) Any victims of the incident;
    - B) Any witnesses with relevant information regarding the incident, including individuals, staff, or other persons; and
    - C) The determined target of the investigation.
  - ii. Documentary evidence, where relevant, such as:
    - A.) Progress notes maintained for the individual
    - B.) Past and present ISPs and IHPs developed for the individual.
    - C.) In-house program log books and staff communication logs.
    - D.) Staffing schedules or assignment sheets
    - E.) All medical information (past/present), such as seizure activity and injury reports.
    - F) Background or historical information;
    - G) Sleep charts and records;
    - H) Medication administration records;
    - I) Personal hygiene (toileting, bathing, etc.) records;
    - J) Behavior programs and supporting documentation;
    - K) Relevant incident reports;
    - L) Research material;
    - M) Business records (such as financial information, if relevant); and
    - N) Any other relevant documentary evidence that can be used to support or refute a particular aspect of the investigation.
  - iii. Demonstrative evidence, such as photographs of injuries or diagrams of the incident site, properly identified; and (Note: Photo of all injuries)

- iv. Any relevant physical evidence properly identified and secured.
- 12). Except as noted below, all investigations conducted by a provider agency investigator shall be completed and submitted within five (5) work days of being informed, witnessing or discovering of an incident; unless an extension is approved, in writing, by DHS/OIC for good cause.

Note: ICF/MR and facilities serving individuals being funded by Medicaid (i.e. Home and Community Based Waiver individuals) must follow these guidelines - Federal requirement 483.420(d)(2) indicates: "The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures."

483.420(d)(3) indicates: "The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further abuse while the investigation is in progress."

483.420(d)(4) indicates: "The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident."

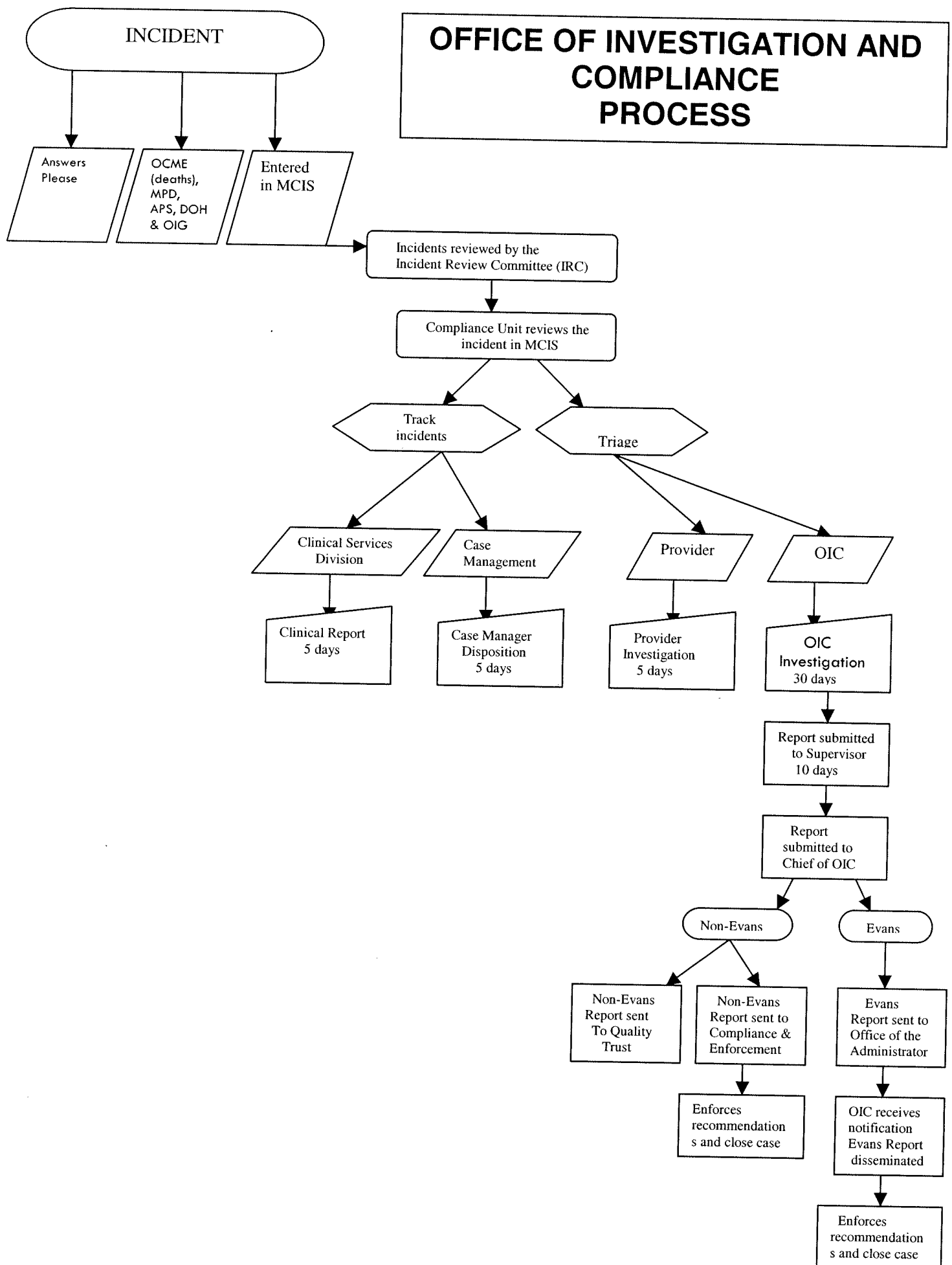
#### Investigation Reports

- 1.) A provider's investigation report shall be written in a uniform format provided by MRDDA/OIC, and submitted to MRDDA/OIC. All provider investigative reports should be reviewed and approved by the provider's Incident Management Coordinator prior to being submitted to MRDDA/OIC.
- 2.) The report will include a summary of findings and a determination as to whether or not the allegations or suspicions were substantiated, unsubstantiated, or inconclusive. It shall also include recommendations for preventive or corrective action.

**Policy Issuances** shall include the following:

Prohibit any employee, visitor, family member/guardian, subcontractor, intern, or volunteer from abusing, exploiting, neglecting, or mistreating an individual entrusted in the care of MRDDA under the care or supervision of the provider agency.

Direct disciplinary action, which may include termination of employment or professional agreement, against any person for failure to report knowledge of an incident, as specified by this policy.



Prohibit retaliatory action against any person who reports an incident or who participates in an investigation.

**Incident Management Coordinator** – Each provider agency shall assign an employee to serve as the agency's Incident Management Coordinator, who has received specialized training and whose role and responsibilities shall be to:

Facilitate the review and investigation of all reported incidents, as specified by this policy.

Provide technical assistance to staff members in the completion of the Incident Report Form.

Coordinate pre/in service competency-based training on the MRDDA and provider agency's Incident Management Systems.

Serve as a member of the provider agency's standing committee.

**Standing Committees** - As part of the Incident Management System, each provider shall establish a standing committee to routinely review and assess all reportable/serious incidents and develop corrective action designed to protect/prevent from harm individuals entrusted in the care of MRDDA. As such, the following guidelines must be applied:

Meetings must be held, minimally, on a monthly basis or more frequently as needed. Minutes shall be recorded to document each meeting. To ensure that effective actions can be implemented to reduce or prevent harm to individuals, attendance at meetings shall be mandatory.

Based on the data compiled at monthly meetings, the committee shall:

- a. Identify ways in which employees and other involved persons can reduce the number of incidents.
- b. Monitor the implementation of all plans, consistent with its responsibilities for prevention and correction.
- c. Document conclusions, recommendations, and actions resulting from the monthly meeting.
- d. Prepare recommendations for policies.

- e. Procedures, and competency-based staff training, to provider agency management officials, to improve quality of care, and assure the health and safety of people with developmental disabilities.
- f. Identify various program strategies to prevent incidents from occurring or reoccurring.
- g. Conduct reviews, at least monthly, of at risk individuals who had three or more reportable incidents during the preceding month; or one or more serious incidents in the preceding month, or two or more serious incidents in the past year.

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**Kathy E. Sawyer**  
**Interim Administrator**

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**Date**